ı	MISSISSIPPI UNIFORM A	CCIDENT REPORT 58 CASE NUMBER LOCAL AGENCY AND / OR OFFICER'S NAME / BADGE NUMBER	7
	54 CASE NUMBER (OPS USE ONLY) SS AGENCY FILING THIS REPORT 56	CODE 5/ STATION-PRECINCT-TROOP	1
1	SS DATE OF COLUSION 60 DAY OF COLLISION 61 TIME 62 NO. OF MONTH DAY YEAR S M T W TH F S (USC 2400 HRS) VEHICLES	63 NUMBER 64 NUMBER 65 TIME 66 COUNTY KILLED INJURED USE 2400 HRS)	— ;
]	OF COLLISION	67 CITY OR TOWN ARRIVED	1
Ī	69 HWY NO. OF STREET NAME, ROAD NAME, ETC. 69 AJ INTER W	/O NEAREST INT., CO. LINE, ETC.	ш
Z	71 (cirde) V2 PARKED VEH. PEDESTRIAN PEDALCYCLIST	100 (circle) DADICED VEH DEDECTORAL DEDAT CACCUSET	
	Y1 V3 PARALE VEIT PEDESTRIAN PEDALECTOLIST	V2 V4 PARKED VERI. PEDESTHIAN PEDALCTOLIST	
3	73 NUMBER AND STREET	102 NUMBER AND STREET	
4	74 GTY STATE	703 CITY STATE	
	75 DRIVER'S DIÇENSE NUMBER 76 77 DOB 78 79 STATE RACE SEX	104 DRIVER'S LICENSE NUMBER	
Ľ	80 SOCIAL SECURITY'NO.	109 SOCIAL SECURITY NO.	
	SAME AS D.L. # TEL NO	SAME AS DL # TEL NO.	1
7	OR AGENT DRIVER STATEMENT 82 PLACE OF EMPLOYMENT	OR ACENT DRIVER STATEMENT 111 PLACE OF EMPLOYMENT	
11	83 OWNERS LAST NAME FIRST MI	112 OWNERS LAST NAME FIRST MI	1
Щ	ASME AS CHIVER	SAME AS ORIVER	
1" , 1	94 NUMBER AND STREET	†13 NUMBER AND STREET	<u>estábli</u>
10		114 CITY STATE 115 VEH COLOR	
	87 MAKE OF VEHICLE 88 YEAR 89 LICENSE PLATE NO. 90 ST. YR.	T18 MAKE OF VEHICLE 117 YEAR 118 LICENSE PLATE NO. 119 ST. YR.	NA C
1 1 1	91 VEHICLE REMOVED TO 93 AUTH. 1. OWNER 32 VEHICLE REMOVED BY 2. DRIVER	120 VEHICLE REMOVED TO 122 AUTH. 1. OWNER 121 VEHICLE REMOVED BY 2. DRIVER	533: 3 533
	3 POLICE SET SPO. DAMAGE STOP 20 NEW 96 VIOR EST SPD. 97 V2 DR EST SPD. 98 VIOR EST SPD. 99 VIOR EST SPD. 9	3. POLICE 23. EMB. ASERCA: 124. EST. PROP. DAMAGE I NONE I LIGHT II HEAVY	
113	R ALCOHOL DAIA DRIVER NO. 1 99 ACCIDENT DESCRIPTION	126 DWGRAM 125 ALCOHOL DATA DRIVER NO. 2	2612
	YES BREATH	Test Grann Test Type Test Results YES BREATH	:1
1 . #	NO BLOOD JUVENILE	NO BLOOD JUVENILE REFUSEO: URINE	
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# \$6355			4
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	NAME ADDRESS	TEI, NO. AGÉ SEX RACE	. 50
<u>~</u>	ADDRESS ADDRESS	TEL.NO. AGE SEX RACE	51
53.5	28 MANESTRÁNTEDAT GOENE DING DIYES 129 PHOTOS TAKÉNY DING DIYES 130 PHOTOS TAKÉNY DING DIYES 30 CITATION NUMBER	8Y NH-YOMP CHARGE NAME OF COURT	
- 1			52
1	31 ÓFFICER'S SÍGNATURE	132 BADGE NUMBER 133 REVIEWED BY (BADGE NUMBER) 134 STATUS	53 V2
⊢ .	21 22 23 24 25 26 27 28 29	30 NAMES - ADDRESSES OF ALL OCCUPANTS & PEDESTRIANS	
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ORIG. AGENT		· · · · ·	
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MISSISSIPPI UNIFORM ACCIDENT REPORT SUPPLEMENT

Page ____ of __

County/City Accident Location Hwy/Street Reporting Agency Local Case Number Date of Accident Time of Accident COMMERCIAL VEHICLE FORM: NOT TO BE USED FOR MOTOR HOMES OR FARM IMPLEMENTS. This form must be completed for ALL traffic accidents involving the following: 1) any truck or truck-tractor having at least 2 axles and 6 tires - 2) any vehicle requiring/displaying a hazardous material placard or - 3) designed to carry more than 15 passengers, including the _____ Truck/tractor VIN ______ US DOT # _____ ICC MC # ____ Vehicle # Commodities hauled ____ _____ Gross Vehicle Weight Rating _ No. of Axles _____ Hazardous Materials Placard # (Number or name) _ SEQUENCE OF EVENTS (for THIS vehicle) (Number 1-4 in order of occurrence) CARGO BODY TYPE List the 1-digit number from the DAuto Transport B CBue bottom of the placard:_____ A _ Ran Off Road OCargo Tank
Concrete Mixer
Dump
OFlatbed I ___ Pedestrian
J__ Motor Vehicle B ... Jackknifed Howing
K __ Parked vehicle C ___ Overturned or Rollover
D_Downhill Runsway L_Train
E_Cargo Loes or H_Pedalcycle
Spill GGarbage or Refuse Carrier's Name riOther I QVan/Enclosed Box F___ Explosion or N___ Animal DRIVER'S LICENSE Fire G___Separation of O___Fixed Object
Units
B___Other Event P___Other Object Carrier's Address Check Appropriate Blocks O Nazmat VEHICLE CONFIGURATION
A Cl Bus
School (yellow & black) O Tanker DDoubles/Triples
CHarmat Tanker
Cinteretate Only
CAirbrakes City State Zip Code B DSingle-Unit truck B OSingle-Unit truck
2 axles, 6 tires
C Osingle-unit truck
3 or more axles
OTruck/trailer
E OTruck Tractor (Bobtail)
F OTractor/semi-trailer Source of Carrier's Name (check one) RATARDOUS MATERIAL INVOLVEMENT Did vehicle have a HAZARDOUS Material placard? □Driver □ Shipping papers U Yes D No □Vehicle side □Log Book Was hazardous MATERIAL released from THIS Offictor/doubles wehicle's cargo? (not including fuel from tank)

O'Yes O'No OTractor/triples OUnknown beavy truck CHILDREN'S RESTRAINT USE FORM: Approximate weight ____lbs. 3. SEVERITY OF INJURY □ Not Injured 2. Child's Age (months) _ □ Minor Injury ☐ Serious Injury 4. Was child secured in anyway? □ yes □ no O Fatal 5. Was the child on the lap of an adult? 7. Child's location □ yes □ no Was child in proper restraint? _ yes _ no in vehicle. 6. 8. Commercial name of restraint device __ model _ 9. Circle restraint type below which most nearly resembles the one use. □ Citation □ Warning